## BEFORE THE REGISTER OF WILLS OF LACKAWANNA COUNTY, PENNSYLVANIA

Estate of: \_\_\_\_\_

## CAVEAT

To the Register of Wills of Lackawanna County:

	You are hereby re	quested to adu	nit no paper to pr	obate as the last wi	ill and
Testament of _			, deceas	e who died on the	
day of	, 201	_, at		, a	ind was
Last domiciled	at death in the Co	unty of		, PA. It	is
further request	ed that no letters o	f Testamentar	y or letters of Ad	ministration be issu	ued
upon the above	e estate in connecti	on with the p	robate of any pape	er as the decedent's	s last
Will and Testa	ment without NOT	TICE to the un	idersigned.		

Please list below name/address/phone number of attorney or caveator.

Name of Attorney or Caveator:\_\_\_\_\_

\_\_\_\_\_

Address:

Phone number: